

Medical Reserve Corps
Office of the Surgeon General
U.S. Department of Health and Human Services



Technical Assistance Series
***Developing Volunteer
Relationships and Capabilities***

Revised: August 2006



www.medicalreservecorps.gov

Medical Reserve Corps Technical Assistance Series



Office of the Surgeon General, U.S. Department of Health and Human Services

As part of its effort to support the growth and sustainability of **Medical Reserve Corps (MRC)** units across the United States, the MRC Program Office—headquartered in the Office of the U.S. Surgeon General—has developed a series of technical assistance documents. Each one addresses topics considered important for MRC units. The Technical Assistance Series is available at: www.medicalreservecorps.gov. Some of the topics addressed are as follows:

- **Getting Started: A Guide for Local Leaders**
Each MRC functions differently. The first step in forming a unit is to carefully evaluate your local situation. It is important to secure a broad base of support from others in your community. Identifying and acquiring resources is essential to meeting your MRC's operational needs.
- **Organizing an MRC Unit: Operational Components and the Coordinator's Role**
The coordinator's main job is matching community needs for emergency medical response and public health initiatives with local volunteer capabilities. Establishing and sustaining the unit's internal organization also is a priority.
- **Coordinating With Your Local Response Partners**
MRC units supplement a community's existing emergency medical response capabilities and public health infrastructure. Coordinating with local response partners is critical, as is developing and nurturing a broad network of partners. Conducting exercises with response partners will be necessary, as will close communications during and after an emergency or engagement.
- **Developing Volunteer Relationships and Capabilities**
Developing volunteer capabilities is a key mandate for every MRC unit. The process begins by advertising your MRC unit to the community. As volunteers are screened and matched with existing needs, they must be informed of any risks associated with their MRC activities. They also will require additional training.
- **Establishing and Maintaining Your MRC Unit's Organization**
A well-run organization is the foundation for every successful MRC unit. Information must be tracked and updated for volunteers and local partners. Policies must be established and followed. Operating funds must be solicited, along with leveraged public- and private-sector resources. Planning—strategically, financially, and operationally—is an essential, ongoing function of the MRC unit's administrators.
- **Special Topics**
Some of the more complex aspects of operating an MRC unit are related to differences in local laws and the evolving technical nature of the MRC's work. For example, legal liability is something every unit member should know about. Another special topic of interest to MRC units is sustainability. Special publications address these and other emerging topics.
- **Action Steps Checklist**
Each subtopic in this publication features suggested action items that can be found at the end of each section.



The **Medical Reserve Corps** program is sponsored by the U.S. Surgeon General's Office in cooperation with the White House's **USA Freedom Corps** and the Department of Homeland Security's **Citizen Corps**.





Medical Reserve Corps Technical Assistance Series

www.medicalreservecorps.gov

Developing Volunteer Relationships and Capabilities

Office of the Surgeon General
U.S. Department of Health and Human Services

The information in this publication is intended as a general guide to establishing and operating a Medical Reserve Corps unit. The MRC Program Office encourages communities to consider alternative approaches that may offer a better fit for their local circumstances, resources, and needs. The MRC Program Office welcomes learning from these successes.

© 2006 (August)

MRC Technical Assistance Series
Developing Volunteer Relationships and Capabilities

Published by the Medical Reserve Corps Program Office
Office of the Surgeon General • U.S. Department of Health and Human Services
5600 Fishers Lane, Room 18C-14 • Rockville, MD 20857
Tel: (301) 443-4951 • Fax: (301) 480-1163 • E-mail: MRCcontact@hhs.gov



Developing Volunteer Relationships and Capabilities

Contents

Key Activities.....	iv
Introduction	1
Topics Addressed in This Publication.....	1
Before You Recruit: Planning Your Approach	2
Optimizing the Volunteer's Experience.....	2
Recruiting Volunteers	3
Developing the Messages	3
Who Can Volunteer for the Medical Reserve Corps?.....	3
Possible Types of Medical Reserve Corps Volunteers	4
Why Should I Volunteer?.....	5
Possible Recruitment Strategies	6
Advertising: Public Awareness and Public Relations	6
Community Practices.....	8
Screening Prospective Volunteers	9
Interviewing and Screening Applicants.....	9
The Screening Process	9
Reviewing Applications.....	10
Items to Consider for the Volunteer Application Form	10
Community Practices	11
Interviewing Prospective Volunteers	11
Checking References	12
Performing Criminal Background Checks	12
Verifying Credentials	13
Checking Employment and/or Educational Background	14
Screening Volunteers: The Decisionmaking Process	14
Informing Applicants of Risks and Responsibilities	15
Volunteer Responsibilities and Risks	16
Preparing Volunteers for their Roles in the Medical Reserve Corps	17
Core Competencies.....	18



Medical Reserve Corps Technical Assistance Series

Sample Training Tracks for Medical Reserve Corps Volunteers	19
Possible Specialty Training Areas	21
Community Practices	21
Training Resources	22
MRC TRAIN	23
Exercising Plans With Response Partners	23
Community Practices	24
Promoting Volunteer Safety	24
Volunteer Safety Issues	25
Qualifications of Medical Reserve Corps Volunteers	25
A Medical Reserve Corps Volunteer's Qualifications Summary	26
Spontaneous Unaffiliated Volunteers	26
Retaining Volunteers	27
Serving a Satisfying Purpose	27
Community Practices	28
Additional Volunteer Activities	29
Post-Response Activities	29
Recognition and Appreciation	30
Advocating for Volunteers	30
Action Steps Checklist	31
Introduction	31
Planning Your Approach	31
Optimizing the Volunteer's Experience	31
Recruiting Volunteers	31
Who Can Volunteer for the Medical Reserve Corps?	31
Advertising: Public Awareness and Public Relations	32
Screening Prospective Volunteers	32
The Screening Process	32
Screening Applicants	33
Informing Applicants of Risks and Responsibilities	33
Verifying an Applicant's Credentials and References	34
Training Volunteers	34
Exercising With Response Partners	34
Promoting Volunteer Safety	35
Spontaneous Volunteers and Volunteer Convergence	35
Retaining Volunteers	35



Medical Reserve Corps Technical Assistance Series

Serving a Satisfying Purpose	36
Post-Response Activities.....	36
Recognition and Appreciation.....	36
Advocating for Volunteers	36



Developing Volunteer Relationships and Capabilities

Key Activities

The information on starting a Medical Reserve Corps (MRC) unit in this publication is intended to support the following ongoing efforts:

1. **Advertising your MRC unit** so that prospective volunteers know what your MRC does, what you need, and how to contact you.
2. **Establishing and maintaining clear and honest communication with every volunteer**, from the first interview, through the screening process, and in each training, exercise, deployment, and post-response activity that follows.
3. **Giving your volunteers what they need to be effective**, whether that means supporting their need for satisfaction in work, providing additional training, offering clear guidelines for activation, checking on their well-being following utilization, recognizing their efforts, or demonstrating your commitment to them through public advocacy on their behalf.
4. **Recognizing your volunteers as the MRC's most critical resource**. This means keeping them in mind and heart as you plan for your MRC's future.

Introduction

The success of the Medical Reserve Corps (MRC) as a national movement rests with the energy and dedication of its volunteers. The MRC is a volunteer-driven initiative.

The MRC is different from other volunteer-intensive efforts. The nature of its work can be highly technical. Close coordination is required between the MRC unit and the organizations that utilize its medical and public health volunteers with specialty skills.

In small MRC units, all volunteer-related activities will likely be coordinated by one person, perhaps by the same person who also is responsible for the external coordination activities and the internal organizational tasks. In larger units, these activities may be dispersed among several people. Regardless, these activities have the same strategic goal—to support the development of the volunteer corps, an essential mandate for every MRC unit.

Regarding the importance of volunteers to the MRC, people sometimes think of traditional community service and goodwill. However, the MRC cannot rely solely on the average citizen who wants to volunteer during times of need. The MRC needs specialized volunteers, people with training and commitment, people who can be relied on during emergencies. Developing an MRC is not as simple as gathering specialized medical and health volunteers and deploying them. Their skill sets must be carefully understood and matched to the various needs that arise in each community. They will likely require additional training and may need to exercise their roles with the MRC unit's other response partners.

Medical and other health volunteers are the most important part of any MRC unit. Managing volunteer relationships is a key function of the unit director or designated volunteer coordinator. This begins before volunteers are solicited, progressing from initial contact to the various volunteer activities. It is important to structure each volunteer's experience so it will be the best possible, and the MRC's success relies on properly recognizing and retaining them.

***Recognize your volunteers
as the MRC's most critical
resource.***

***Keep them always in mind
and heart as you plan for
your MRC's future.***

Topics Addressed in This Publication

This publication discusses topics related to developing volunteer relationships and capabilities, including the following:

- Recruiting volunteers
- Interviewing and screening prospective volunteers
- Training volunteers
- Retaining volunteers

Before You Recruit: Planning Your Approach

Ideally, you will have the basic structure of your program in place before you bring in volunteers. Volunteers, particularly those who have participated in many volunteer activities, may have high expectations of their volunteer experience. At the very least, it helps to anticipate what will come next. Be prepared for when they are ready to take their next steps. For example, you might first make a rough plan for outreach to prospective volunteers when you start organizing materials for the interviewing and screening process. Likewise, in preparation for interviewing, you may want to consider possible volunteer training activities.

The most important part of planning your approach to the volunteer experience is having a clear, compelling vision of your MRC's role in the community. Without this vision, you will have difficulty with attracting volunteers, designing training, attaining support from response partners, and keeping your volunteers engaged. See the other publications of the Technical Assistance Series for help with developing a vision for your unit.

Optimizing the Volunteer's Experience

Each volunteer joining your MRC unit will experience similar steps, from preliminary introduction and screening, through orientation and training, and ideally moving toward utilization and renewed commitment. This is a continual cycle, one in which your efforts and knowledge will be continually refined.

Effective communication will build on the foundations of earlier interactions; training and practice can be directed toward skills refinement; and utilization will proceed much more smoothly. You also will have a better sense of which type of post-response activities and recognition will be effective.

When you consider making the volunteer's full experience as positive as possible, it can seem like a big task. One way to simplify the factors affecting this experience is to imagine them as part of a process. Each follows in a sequence that builds on the proceeding one. To some extent, each part will be revisited as the volunteer becomes more integral to your MRC team.



Recruiting Volunteers

Volunteers are the basis of the Medical Reserve Corps (MRC). The existence of this nationwide, community-based movement is due to the willingness of volunteer medical and public health professionals to serve their communities in times of need. Without this generous service, there would be no MRC.

Identifying and recruiting volunteers is one of the most essential tasks of the MRC unit. These tasks begin with developing a clear idea of your MRC unit's role in the community and crafting a message to help you communicate this vision to potential volunteers and partners. Once the message is crafted, you can begin advertising your MRC unit to your community.

***Advertise your MRC
unit in any way you can.***

Developing the Messages

The MRC unit concept is a complex one—many people do not have a full understanding of public health or emergency management, and the development of an MRC unit involves both. There are many common misconceptions about emergencies, the role of volunteers, and the role of medical professionals. In presenting information about your MRC unit to the public, it is important to have a clear and concise description of the unit and its role in the community. Although it may seem obvious, the first step in creating this description is for you to understand this role.

If you can provide a clear, concise (30- to 60-second) description of your MRC unit to someone who is not familiar with the program and have them understand the concept, you are a long way toward developing effective messages for marketing, public relations, and volunteer recruiting. Although 30 to 60 seconds is not long enough to fully explain the MRC concept, it is enough time to stimulate interest in potential volunteers. Having a clear understanding of the unit also makes it easier for your partners and stakeholders to describe your unit to others.

Be patient and be persistent—with the messages that bombard us every day, people may need to hear your message several times before they will act on it.

Who Can Volunteer for the Medical Reserve Corps?

Because the MRC focuses primarily on medical and public health-related activities, many of these activities will need to be conducted by trained medical and public health volunteers. To properly conduct these activities, the MRC also needs volunteers with other skills. These may consist of administrative and other support volunteers who give their time on an ongoing basis, along with other experts willing to donate their time and knowledge for special aspects of the effort.

Possible Types of Medical Reserve Corps Volunteers

- Physicians (including surgeons, medical specialists, osteopaths)
- Physician Assistants
- Nurses (nurse practitioners, registered nurses, licensed practical nurses, nurse assistants)
- Pharmacists
- Dentists, Dental Assistants
- Optometrists
- Veterinarians
- Emergency Medical Technicians
- Public Health Workers
- Epidemiologists
- Infectious Disease Specialists
- Toxicologists
- Mental Health Practitioners (psychologists, substance abuse counselors, social workers)
- Health Educators/Communicators
- Other Medical and Public Health Professionals
- Administrators and Business Managers
- Administrative Assistants and Office Support Staff
- Drivers
- Chaplains
- Training Directors, Trainers
- Volunteer Coordinators
- Fundraising Professionals
- Supply and Logistics Managers
- Interpreters/Translators
- Amateur Radio Operators
- Other Support Personnel
- Legal Counsel
- Financial Counsel

- Public Relations Consultants
- Medical Supply Experts
- Credentialing Experts
- Public Health Advisors
- Database and Information Technology Experts
- Other Specialists

In practice, each community has a different group of volunteers to draw from, and each community needs somewhat different skill sets, depending on the activities planned for its local MRC unit. Some volunteers may have experience working with or living in areas of your community that might differ culturally, socioeconomically, or in their medical or physical needs or characteristics. Including representatives from these different community areas can offer insight into different kinds of community needs and into possible ways to meet these needs.

When recruiting, it also is important to remember that U.S. citizenship is not required. Non-citizens who live in the United States legally also are encouraged to volunteer and contribute their time, knowledge, and skills to protect and improve the communities in which they live.

Why Should I Volunteer?

People volunteer for many reasons, and you will want to understand and appeal to them. Some advantages about volunteering for the MRC you may want to mention are:

- It is a way to offer your skills as part of an organized response effort.
- It is a significant benefit to your community because skilled volunteers offer services during the year to augment existing public health efforts or provide emergency backup that would not otherwise be available.
- It is a chance to belong to a group with a strong sense of mission and purpose.
- Volunteers sometimes qualify for special incentives, such as free training.

Possible Recruitment Strategies

Some possible recruitment strategies include the following:

- Letters of introduction to various health fields (practicing or retired)
- Referrals from other volunteer centers
- Media attention given to exercises with response partners
- Face-to-face approaches
- Presentations to professional organizations and schools
- Professional newsletters and journals
- Brochures
- Word-of-mouth through existing networks
- Coordinated recruitment with other partners (e.g., Citizen Corps, Community Emergency Response Teams)
- Press releases
- Offering license renewal option to retired volunteers
- MRC booths or tables at fairs
- MRC unit profile

Advertising: Public Awareness and Public Relations

Outreach to volunteers largely overlaps with public awareness campaigns and other public relations efforts. Even when your public message may be intended to generate support from other constituents in your community, each public communication made on behalf of your MRC unit also is an opportunity to attract future volunteers. The importance of volunteers should remain central to all MRC unit communications.

Your public communications strategy will differ based on local resources and needs. Nonetheless, there are some standard options to pursue, which include the following:

1. Find local media (newspapers, radio, television, Web sites, etc.) willing to provide free or low-cost print space or air time. Build relationships with reporters and other individuals in these media outlets. If they know who you are, they are more likely to seek information from you. If your agency or organization has a Public Information Officer, enlist their help with identifying and reaching these key individuals. You also may find a local public relations firm willing to donate time to helping you determine the most effective and efficient ways to disseminate information in your specific community.
2. Identify and contact local corporations or organizations—hospitals, emergency management departments, government health offices, even businesses—that might sponsor your message in exchange for a media mention.

3. Seek opportunities to speak at local conferences, professional meetings, organizational gatherings, medically related benefits, and special events.
4. Establish ties with local elected officials by informing them of MRC activities and by assessing how the MRC can support their objectives. You can encourage them to mention the MRC in their speeches and at other public appearances as a way to advertise the MRC.
5. Sell your message to the recognized leaders of the volunteer groups you would like to target (i.e., if nurses, the president of their local association; if medical students, a respected faculty member or student representative; if veterinarians, the head of their local professional group).
6. Update your unit profile on a regular basis.

Some of your public messages will describe your MRC unit in general terms and will be suitable for the general public. Other messages may be more targeted, based on your assessment of local needs for medical and other public health volunteers. You may want to reach individuals with certain skills (e.g., doctors with particular specialties, nurses, pharmacists, dentists, veterinarians, chiropractors, other public health professionals, support staff, students, practicing professionals, or retired professionals).

While basing your messages on the core message you crafted earlier, you can modify your appeal for different volunteer types. Determine how best to reach these individuals via the type of media to use and the particular channels to choose.

Creating public awareness of your MRC unit is the first step toward guiding prospective volunteers. Verify that you:

- Clarify your MRC's mission and focus
- Explain the community's need for the unit
- Clarify the skills you need for the unit to be most effective

Using public relations effectively can strengthen relationships with volunteers and partnering organizations because it shows that the MRC is part of the community. This can have personal significance to many of your volunteers. It also will be crucial to partnering organizations seeking to sustain a strong community presence.

We are bombarded by hundreds of marketing messages each day. Rarely do we act on a message the first time we hear it. It can take as many as seven exposures to your message before a volunteer will act on it. To reinforce your message, you may use various media to advertise your message to the community. Examples of media MRC units have used successfully include the following:

- Brochures
- Radio advertisements
- Television advertisements
- Billboards

- Health fair displays
- Promotional items
- Inserts in other mailings (such as power bills or medical licensure forms)
- Signs on buses and trolleys
- Banners or signs in high-traffic areas
- Radio and television interviews
- Press conferences
- Mentions in the newsletters of churches and other organizations
- Speaking engagements at civic and professional organizations

Community Practices

Some communities, especially in larger metropolitan areas, have populations speaking hundreds of different languages. MRC volunteers often reflect this cultural diversity. Some MRC units partner with groups such as Asian, African American, or Hispanic/Latino health coalitions. Building diversity in the MRC helps overcome language and cultural barriers that might impede the effectiveness of emergency or public health responses.



Screening Prospective Volunteers

Once your prospective volunteers have some idea of what you are looking for, know how to reach you, and start calling, you will begin a process of dialogue that will continue throughout the volunteer's involvement with the Medical Reserve Corps (MRC).

Effective communication is important in every organization, but the MRC requires the transfer of large amounts of information, some of it highly technical, to properly plan and utilize its volunteers. Continuous coordination through communication is essential.

Establish and maintain clear and honest communication with every volunteer, from start to finish.

Prospective volunteers must be carefully screened. Their credentials will have to be verified and their skill sets matched to existing needs. Remember that you may receive calls from volunteer prospects with unexpected skill sets, allowing your MRC to contribute in ways not previously anticipated. Finally, potential volunteers must be informed of any risks associated with their future MRC activities so that they can make an informed choice about their involvement.

Interviewing and Screening Applicants

Interviewing and screening applicants is a critical part of volunteer relations. Typically, this process involves:

1. Interviewing to gather sufficient information
2. Screening for appropriateness to the MRC
3. Informing applicant of risks and responsibilities
4. Verifying credentials and references

The Screening Process

There is no standardized screening process for MRC volunteers. Based on input from the housing agency and potential response partners in your community, a recommendation is to use any combination of the following:

- Application review
- Interview
- Reference checks
- Criminal background checks
- Employment and/or educational background checks
- Credential verification (varying levels based on needs)

Regardless of the combination you choose, it is important that you document your screening policy and apply it consistently to each volunteer. Failure to document and apply your unit's screening policy consistently subjects your unit or its housing agency to legal liability.

Reviewing Applications

Most MRC units have developed an application form to be completed by prospective volunteers. The information gathered varies among communities. Generally, you should collect information that will guide your subsequent screening efforts, which includes:

- Basic contact information
- History of prior work and volunteer experiences
- Current or inactive certificates and credentials relevant to the person's possible volunteer activities
- Other skills (e.g., fluency in another language)
- An idea of the type of activities the potential volunteer would like to participate in
- The person's availability regarding the time he or she can commit

Check the application to ensure it is complete and legible. (It is easier to obtain thorough and accurate information in the initial review than later, when you are entering the data into your record-keeping system).

Items to Consider for the Volunteer Application Form

Consider the following items when preparing your application form:

- Contact information
- Applicant's interest in volunteering for the MRC, including desired contribution
- Applicant's availability
- Prior volunteer experiences
- Relevant work and educational history
- Other skills (e.g., fluency in another language)
- Limitations (e.g., physical or health)
- Current (or inactive) certificates, licenses, or other credentials
- Personal and professional references
- Authorization to use applicant's photograph for public relations purposes

Community Practices

Some MRC units are working with area hospitals to create a standardized volunteer application and credentialing form. Many MRC units are working with state health departments to register and credential volunteer health professionals.

Interviewing Prospective Volunteers

During an interview, determine which type of contribution the prospective volunteer is most interested in making to the MRC. A sense of satisfaction is highly correlated with long-term retention of volunteers. For example, a physician may want to offer her professional skills to the MRC. Or, she may be interested in participating in activities that differ from her daily routine. People sometimes volunteer to expand their ordinary range of activities. Others are unsure of which activities they would like to participate in—they only know they want to help a worthy cause. Based on what your MRC unit needs, you can propose various alternatives.

In addition to determining the type of activities that interest the prospective volunteer, assess his or her personal values, particularly as they relate to community service. Your MRC unit may not be organized to utilize someone's professional skills, regardless of how impressive, or you may not have the need for the type of work this person would like to do. Rather than letting this person walk away, you might be able to help him or her realize that other types of work also might support his or her values. Many people volunteer to bring an increased sense of meaning and connection to their lives. Above all, they want to support a larger purpose. How they make this contribution may not matter.

Once you have determined the types of activities a volunteer might be willing or able to perform, you will want to revisit the prospect's availability. For example, if your MRC is involved in year-round, non-emergency activities, determine if your prospect will be available year-round. Ask if the prospect's regular work responsibilities or family obligations will permit emergency utilization without much advance notice. Discuss the amount of time she or he can give to training and practicing.

Some volunteers may only be interested in making a minimal commitment during times of emergency or for other specific community needs. It is important to respect these preferences as long as they can be accommodated by your MRC's mission and work plan.

Another area to explore is whether your prospective volunteer has other obligations related to other disasters or response situations. Membership in a Disaster Medical Assistance Team (DMAT) and an MRC unit, or in an MRC unit and a Red Cross volunteer group, could prove problematic unless there is proper coordination and integration between these organizations. (This would be an issue to discuss with your response partners ahead of time.)

Your MRC will not want to rely too much on volunteers who will be committed elsewhere. The MRC can utilize volunteers who have other commitments, but other obligations must be well documented and considered when planning.

Checking References

When the applicant's references are contacted, ideally, they will support your conclusions about the person you interviewed. You will want to understand the applicant's work style and personality, as the MRC will require both professionalism and a personal commitment to a mission. This is why both personal and professional references are important.

Because many live in larger communities, we do not know one another in the context of a manageable network of relationships that might characterize a smaller town. Rather, we rely on references to help complete the picture we have of a person and get a sense of his or her strengths and weaknesses. In this way, references substitute for the direct, personal knowledge that will develop once you have begun to work with the applicant as an MRC volunteer. If you hear something that contradicts your impressions as you contact the applicant's references, additional follow up with the applicant may be necessary.

Performing Criminal Background Checks

To screen applicants, some MRC units—and other volunteer-driven organizations—perform background checks on prospective volunteers to assess whether they have a criminal history or a history of being sued for malpractice or negligence. Each community will need to decide which prior infractions are serious enough to disqualify an applicant. Making these distinctions and weighing all the factors is not always easy. Each community will need to decide how to protect the group's welfare and individual's rights.

It is important to develop guidelines for making such judgments, and for particularly troubling cases, to seek outside consultation from someone with legal or human resources expertise.

Ask your local police department or other partnering organizations if they can offer you thorough, low-cost background checks. In addition, if background checks are part of the volunteer screening process, it is necessary to determine how often such checks will be conducted, even for currently active volunteers. It also will be necessary to decide how frequently physical exams will need to be updated, if this also is part of your screening criteria.

Regarding criminal background checks, it is essential to remember the following:

1. A "clean" background check is not a guarantee that the volunteer does not have a criminal history (this can depend on the type of check, the length of time since any charges were filed, and the system the locality uses to report charges to the criminal databases). It also does not mean that a volunteer is a perfect fit for your organization—the information from a background check is only a part of the information you need to make this decision.
2. The unit must have a written policy for how criminal background information is collected and treated. Some of this information is sensitive, and volunteers must trust that you treat it accordingly. If something shows in a criminal background

check, it is important to give the volunteer the opportunity to dispute or challenge the information—the criminal record databases are not foolproof—inaccurate information sometimes is reported.

3. The decisions made based on the criminal background check information must be made consistently and according to a written policy. For instance: “Drug-related convictions (whether felony or misdemeanor) in the past 10 years are grounds for declining a volunteer’s application.”

Verifying Credentials

Another part of checking volunteers involves a process known as credentialing. Essentially, this means verifying that the applicants have achieved the degrees, certificates, licenses, and training they claim to have completed. Particularly, credentials need to be verified if volunteers will be performing work that is regulated in a state or locality requiring credentials. Many medically related activities relevant to the MRC are regulated for the protection of the persons receiving these services. MRC volunteers will be governed by the same laws that generally restrict such practices.

When credentialing is required based on a volunteer’s expected contributions and on local law, request documentation and other proof of the volunteer’s reported credentials during the interview to expedite the credentialing process. (Photocopies are adequate in most instances.) More importantly, having a volunteer’s credentials verified prior to this volunteer’s utilization saves time and resources when a disaster or other public health emergency emerges. Past experiences in emergency response efforts (e.g., the September 11 attacks) have shown that the complexities of credentialing can greatly interfere with prompt and necessary volunteer utilization.

Verifying medically related credentials can be a complex, technical process that is sometimes provided as a service (for a fee) by several accrediting organizations and by other medical industry organizations. These services help the end user; however, the cost may be prohibitive for a small organization such as an MRC unit.

Efforts are underway in various communities and at the national level to provide these services to MRC units at little or no cost. Some units have negotiated agreements with partnering hospitals, professional organizations, and state departments of public health to check volunteer credentials for free. Nationally recognized standards also are being developed to help systemize the credentialing process.

Most states have started developing ways to pre-credential medical volunteers, particularly those needed in hospitals. The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a program being developed by most states to pre-identify and pre-credential health professional volunteers so they may be utilized more effectively in an emergency. MRC units in each state may be given the opportunity to participate in the ESAR-VHP program, which would allow access to a credentialing system that could credential volunteers to standards high enough that they could be utilized in a hospital setting.

Consider that because a volunteer has properly recognized medical credentials, this does not necessarily mean that this volunteer is qualified to function as part of your local MRC response team. Your community and other response partners may have different or additional standards that must be met first. Medical credentialing may be only one component of these standards.

Public health officials generally are not credentialed in the same way as doctors. However, for the purposes of their volunteer activities with the MRC, they also may need to meet certain locally established criteria. It will be part of your volunteer screening responsibility to ensure these requirements are met before clearing your volunteers for utilization.

Checking Employment and/or Educational Background

In addition to verifying licenses for professionally licensed individuals, you may need to develop a procedure for verifying the background of volunteers whose activities may not require professional licenses. This may be as simple as contacting a current employer to verify employment or may require copies of diplomas or other proof of educational attainment. You also may want to do this for your licensed medical professionals if they will be working in a hospital environment. Partnering with local hospital systems or working with your state's department of health can help you access systems for verifying volunteer credentials at a more detailed level.

Screening Volunteers: The Decisionmaking Process

Despite your creativity, there will be times when there simply will not be a proper fit between a volunteer and your MRC unit. In these cases, it is better to put this person on standby if they seem to be a potentially useful resource. It is better to remain in touch with them rather than pressuring them into work that may adversely affect their volunteer experience. Maintain a file of prospects, and do not hesitate to stay in contact with them.

There also will be individuals who apply as volunteers who simply will not be appropriate for several reasons. They may not understand the MRC's mission properly. You may discover, while interviewing them, that they would be happier doing other work. Or, you may determine that they want to volunteer for activities that they are not credentialed properly for. Unfortunately, screening also means turning people away if their participation might hinder your team's effectiveness.

Remember, even if you do not think an applicant will fit well with your MRC, it always is appropriate to give that person contact information for other volunteer organizations in your area where the fit might be better. Turning prospects away can be one of the more difficult parts of managing volunteer relations. As such, if you have doubts about a prospect or about your assessment of that prospect, ask for help. Seek other volunteer organizations in your area that would be willing to discuss their screening methods and criteria.

You might also talk with someone with human resources expertise (i.e., someone who has experience in interviewing, hiring, and firing). When you are unsure of what to do,

suggestions from outside input can be extremely useful, even if you are responsible for the final decision. Interviewing and evaluating applicants is a highly specialized process, and fortunately one in which you will become more adept with increasing, hands-on experience. The key to reducing risk through volunteer screening is to develop standards and apply them consistently.

Informing Applicants of Risks and Responsibilities

When you are determining if a particular volunteer will fit well with your MRC, the prospective volunteer applicant will need to decide if this is the type of commitment of time and energy that he or she wants to make. Screening works both ways.

You do not want people volunteering with false impressions. When informing applicants of risks and responsibilities:

- Tell applicants how much time they will need to give to training and other exercises.
- Inform them about the types of duties they might anticipate during utilization.
- Tell applicants what you expect regarding availability during times of community need.
- Inform them of the risks involved in volunteering for the MRC. This can be difficult, challenging work. In some cases, volunteers will be involved in work that may put themselves or others at risk for harm, and therefore at risk for being sued.

To make their best decision, volunteers will need to be apprised of your local volunteer protection statutes and any limits that may apply regarding professional or general liability. They will need to know if their volunteer activities will be covered by any form of workers compensation should they become injured while volunteering with the MRC. You will want to inform them of the measures that have been taken to decrease the likelihood of their incurring liability for behavior leading to someone's unintended harm.

The intention is not to dissuade prospective volunteers, but to be realistic. Considering these complex issues will reassure volunteers that they are joining a responsible organization that takes the need to protect everyone from unnecessary harm seriously.

In short, as you negotiate the complex process of screening volunteers, it is important to remember that the interview will ideally be a two-way exchange. In addition to collecting information about the prospect, provide as much information as possible about the MRC to the potential volunteer.

***Develop a complete list of qualifications
required for each type of volunteer activity.***

***Solicit input from response partners,
professional organizations, and
legal experts.***

Providing this information is as essential to volunteer satisfaction as fulfilling the MRC unit's legal obligations.

From the start, foster a culture of no-nonsense, honest, and open communication. It will prove essential to each aspect of the volunteer's experience with the MRC, particularly during times of highly coordinated utilization with your response partners.

Volunteer Responsibilities and Risks

- Time required for meetings, training, and conducting exercises
- Types of duties possible during volunteer utilization
- Expected availability during times of community need
- Legal liability and other risks of harm
- Available workers compensation and disability protections

Preparing Volunteers for their Roles in the Medical Reserve Corps

Once you have determined that a particular individual would make a great addition to your Medical Reserve Corps (MRC), it will be necessary to look carefully at that person's current capabilities. Each volunteer comes to the MRC with a pre-existing skill set. These skills may need to be augmented with specialized training as determined by your local emergency response and public health needs. Training refers to closing the gap between a volunteer's existing capabilities and those required for effective utilization as an MRC volunteer.

To protect everyone involved, volunteers will be permitted or qualified to perform only certain types of activities. The criteria determining which activities people can and cannot perform will differ among communities. It might depend on having a combination of the following:

- Required state licensure or licensure-equivalency¹ (for license-regulated skills)
- Proof of training in non-license-regulated skills (those that have some bearing on the MRC unit's task)
- Additional training relevant to emergency response and/or public health activities (such as CPR, identification of hazardous materials, features of your local incident command system, etc.)

An MRC volunteer's qualifications will be determined by your unit's mission, local laws and professional standards, and the requirements of your response partners.

Ideally, each MRC unit will maintain a regularly updated inventory of its volunteers' skills and qualifications. During an emergency or other public health situation, local emergency managers or public health officials with access to your database can determine where to deploy your MRC volunteers. You also can use this information during non-emergency times—for influenza clinics, education outreach, or epidemiological surveys—to help assemble teams based on complementary differences in skills, training, availability, and interests.²

Under the National Incident Management System (NIMS), team structures are being developed to meet certain capabilities that are likely to be needed in a national-level emergency. Keep in touch with your local response partners about their plans to form and utilize medical professional teams and the corresponding support staff.

Training volunteers refers to upgrading a volunteer's skills profile to meet the minimum requirements or qualifications necessary for particular types of utilization. These

¹ Some volunteers may be retired from their original profession and may not have maintained their licenses to practice, though they may still be capable of performing certain professional tasks. Using these volunteers for any license-regulated activities will require working at the state level to modify laws governing licensure and public protection.

² Some MRC units may not have a database system that can be accessed by local emergency managers or public health officials during an emergency or during non-emergency periods. In this case, it is recommended that MRC volunteers carry some form of identification that also indicates their skills and the activities they are qualified to perform in an emergency medical or public health situation.

qualifications will represent the volunteer's baseline of skills that can be utilized during an emergency or other public health incident.

MRC volunteers can serve in many different roles; these roles can be grouped into two broad categories, which include:

1. Front-line/direct-service
2. Support/administrative

Front-line/direct-service volunteers comprise a highly diverse group, although they are generally individuals working on the immediate scene of an emergency or public health situation and offering direct service that requires some skill level and involves some risk level. Support/administrative volunteers perform essential duties and primarily operate in the background, although some of their functions also may require particular skills that may necessitate additional training.

These categories of volunteers are each associated with specific training requirements. Regardless of type, all volunteers will need to undergo some form of orientation to the MRC. They will need an overview of the system in which the MRC's activities occur, whether in relation to emergency response or public health, or both. Everyone needs to understand how his or her role fits into the larger picture.

Core Competencies

With the National Association of City and County Health Officials (NACCHO), the MRC has identified eight basic core competencies for all MRC volunteers:

1. Describe the procedure and steps necessary for the MRC member to protect health, safety, and overall well-being of themselves, their families, the team, and the community.
2. Document that the MRC member has an existing personal and family preparedness plan.
3. Describe the chain of command (e.g., Emergency Management Systems [EMS], Incident Command Systems (ICS), NIMS), MRC integration, and its application to a given incident.
4. Describe the local MRC unit's role in public health and/or emergency response and its application to a given incident.
5. Describe the MRC member's communication role(s) and processes with response partners, media, general public, and others.
6. Describe the impact of an event on the mental health of the MRC member, responders, and others.
7. Demonstrate the MRC member's ability to follow procedures for assignment, activation, reporting, and deactivation.
8. Identify limits to skills, knowledge, and abilities as they pertain to MRC role(s).

See the *MRC Core Competency Fact Sheet* for more information.

Besides receiving an orientation, support/administrative volunteers will need guidance on how to perform their particular functions; this may vary depending on the needs of particular communities. They may need to participate in practice exercises if their duties interface with those of the front-line/direct-service volunteers. Overall, the training load for support/administrative volunteers will be lighter.

Conversely, the training requirements for front-line/direct-service volunteers may be extensive and specialized. Consider that because these are volunteers—many of whom have other jobs or responsibilities—training must not become a burden. Training must be efficiently tailored to your community's needs.

The specifics of curriculum design for your MRC volunteers will depend largely on which local needs they intend to supplement. For example, to work in a local hospital-based trauma unit, volunteers may need to be trained to meet that particular hospital's standards. As a rule, training requirements and qualifications will be determined by your response partners. You will first need to conduct a full audit of local needs, which should include an inventory of your partner's training requirements and training resources. Using existing training resources greatly reduces costs and will allow you to direct available funds to training resources that are not free or at low cost.

Another way to leverage your limited resources and contribute to volunteer retention is to have the more experienced, committed volunteers train the incoming volunteers.

Sample Training Tracks for Medical Reserve Corps Volunteers

As an example, imagine your community needs help with front-line emergency medical services and ongoing public health efforts. Your volunteers might participate in at least one of three training tracks: administrative/support, emergency medicine, or public health.

The types of training that might be necessary for each track are listed in the following table.

Remember, these are offered as examples, not as specific recommendations.

SAMPLE TRAINING TRACKS FOR MRC VOLUNTEERS		
Admin./Support	Emergency Preparedness	Public Health
<ul style="list-style-type: none"> • MRC Core Competencies • Support skills training • Communications • Public Speaking 	<ul style="list-style-type: none"> • MRC Core Competencies • Exercising plans with local EMS • Basic life support and CPR • Basic first aid • CERT training • Specialized training, to include triage of emergency patients, basic burn care, and advanced cardiac life support 	<ul style="list-style-type: none"> • MRC Core Competencies • Exercising plans with Local public health group(s) • Immunization • Current public health information and recommendations • Cross-cultural competency

Generally, front-line/direct-service volunteers receive training in primary emergency response and public health procedures, including:

- Basic life support and CPR
- Community Emergency Response Team (CERT) training
- Identification of the signs, symptoms, and treatment of hazardous materials (including nuclear, biological, and chemical agents)
- Basic first aid skills to respond to emergencies (e.g., shock, allergic reactions, bleeding, broken bones, burns, chemical splashes, choking, eye injuries, skin wounds, dislocations, head trauma, heat exhaustion, stroke, and poisoning)

Many different types of specialized training may be necessary. Volunteers working in emergency situations will need to be trained in your community's emergency response plans and protocols, including where to go during an emergency, appropriate chains of command, locations of supplies, etc. Direct-service volunteers in public health will need to know local procedures, which may include immunization practices or community outreach strategies. Some volunteers, although qualified to perform certain medical procedures in a standard medical setting, may need to be trained in the emergency medicine equivalent. Different skills also may be needed for direct work in the community around public health issues.

Possible Specialty Training Areas

The following table lists possible specialty training areas:

POSSIBLE SPECIALTY TRAINING AREAS	
<ul style="list-style-type: none"> • Disaster response planning • Knowledge of local, regional, and statewide emergency response capabilities • Knowledge of the mechanics of Disaster Medical Assistance Teams and epidemiological surveillance teams • Knowledge of working relationships between medical emergency teams and law enforcement personnel • Basic triage of emergency patients • Life support • Advanced cardiac life support • Pediatric advanced life support • Advanced trauma life support • Basic burn care • Knowledge about mental health issues likely to arise • Knowledge of decontamination 	<ul style="list-style-type: none"> • Recognition of clinical manifestations of infectious diseases (particularly those caused by possible biological-warfare agents) • Knowledge of quarantine procedures and quarantine facilities • Experience with routine emergency equipment • Knowledge of hazardous materials • Experience with communication systems and technology • Basic confined-space medicine • Basic medical care in an austere environment • Basic knowledge of management of consequences of biological and chemical weapons use • Cultural competence • Language proficiency

Possible curriculum requirements include Incident Command System, Hospital Emergency Incident Command System, or other approach to mobilizing in the event of emergency or other community need. Certain hospitals or public health offices may function using other procedures. Volunteers working in these systems will need to understand the general principles governing their volunteer activities in these settings.

Community Practices

Rural MRC units may be focused on the day-to-day augmentation of ambulatory medical services. They may try to attract emergency medical technicians or may train others as first responders in remote areas where victims may have to wait a long time before official response workers can arrive. Wherever you are located, your unit also

may provide surge capacity for more routine emergencies. In this way, considering your local needs is important.

Training Resources

The following table lists various training resources:

TRAINING RESOURCES
<ul style="list-style-type: none"> • Federal agencies: <ul style="list-style-type: none"> – Federal Emergency Management Agency (FEMA) (part of the U.S. Department of Homeland Security) CERT: http://www.training.fema.gov/EMIWeb/CERT/index.asp – Centers for Disease Control and Prevention (CDC) Emergency Preparedness and Response: www.bt.cdc.gov/training/index.asp – CDC Public Health Training Network: www.phppo.cdc.gov/phtn/default.asp – CDC National Immunization Program: www.cdc.gov/nip/ed – National Institutes of Health (NIH), National Library of Medicine (NLM): www.sis.nlm.nih.gov/Tox/Chem/War.html www.nlm.nih.gov/medlineplus/anthrax.html
<ul style="list-style-type: none"> • The CDC-funded regional Centers for Public Health Preparedness: http://www.bt.cdc.gov/
<ul style="list-style-type: none"> • Fire and emergency rescue departments • Local chapters of the American Red Cross • Non-government organizations (e.g., Salvation Army, faith-based groups) • Universities and other academic institutions • Emergency health and medical journals • Professional organizations specializing in disaster/emergency medicine training • International organizations (e.g., World Health Organization, International Federation of the Red Cross)

MRC TRAIN

To assist local MRC units with finding appropriate, accessible training for MRC volunteers, the MRC Program Office has partnered with the Public Health Foundation to create MRC TrainingFinder Real-Time Affiliated Integrated Network (TRAIN). MRC TRAIN is a learning management system with a centralized, searchable database of courses relevant to public health. Some key characteristics of the MRC TRAIN system include:

1. Access to hundreds of public health courses from nationally recognized course providers. These courses are offered in the form of Web-based learning, onsite learning, and satellite broadcasts.
2. Ability to browse course listings or perform a search by keyword, subject area, course provider, or competency.
3. Ability to view and print an online transcript, which is a personal course transcript maintained for every registered user.
4. Ability to query the learner records database to generate tailored reports regarding course rosters and individual learning. In this way, TRAIN is a valuable tool for managing public health workforce/volunteer development.

For more information see the *MRC-TRAIN* information on the MRC Web site.

Exercising Plans With Response Partners

Exercising plans with your response partners also may be critical to learning their systems and cultures. Ideally, volunteers will gain hands-on experience through practice scenarios prior to actual events. More intensive, full-scale exercises can sometimes be preceded by preparatory table-top exercises, which can be more easily organized and at a fraction of the cost. Table tops or paper-based exercises can be a quick way to introduce your MRC to other community partners.

Generally, it is important for volunteers to participate in exercises in the roles they would ostensibly fill for a response effort. However, volunteers can help with regular practice exercises by playing individuals in need of help, which would:

- Allow volunteers to utilize their medical or health expertise to evaluate the care they receive from first responders and other public health workers
- Help them learn how to avoid mistakes when an emergency occurs
- Help sustain volunteers' commitment to their MRC unit if there are long periods between utilization

Exercises always should be followed by a unit performance analysis and training to improve response skills.

MRC volunteer participation in practice exercises is a community-building effort. Particularly, it can be a way for local emergency responders or public health officials to

become familiar with your volunteers and the MRC overall. This type of interaction helps build familiarity and trust prior to utilization. Exercises also are an effective way to attract media attention, which can provide an important opportunity for further outreach and recruitment.

Community Practices

The following table contains examples of community practices.

COMMUNITY PRACTICES		
TOPOFF Exercises	Mass Dispensing	Mock Anthrax Clinic
MRC units have participated in TOPOFF disaster exercises nationwide. Volunteers with proper training and clearance can practice screening and triage roles outside a clinic. These exercises have shown that more training is needed with disaster response, public health procedures, and using the communication and command systems employed by local partners.	Some MRC units have held mass dispensing exercises where many MRC volunteers facilitated the exercise by playing the role of victims. Still, other MRC volunteers served roles similar to those they would perform in an actual emergency, such as offering administrative and clinical support.	One MRC unit hosted an exercise with MRC volunteers staffing a mock anthrax clinic to practice delivering prophylaxis to 250 community clients. Beforehand, volunteers were trained in logistics, security, outreach, triage, clinic flow, staffing areas for the sick and those in need of counseling, registration, screening, service provision, education, discharge, and data entry.

Promoting Volunteer Safety

Volunteers also will need to be trained in your MRC's policies and procedures. Policies and procedures should address the following issues:

- Local and state regulations regarding emergency response and medical treatment (protocols, scope of practice, confidentiality, etc.)
- Legal liability of volunteers for harm caused to others
- Workplace safety

If all team members understand what constitutes safe, permissible practice, significant steps will have been taken toward reducing risk and harm to all involved.

Safety for volunteers also should include ensuring that volunteers are fit to perform their duties. In addition, all volunteers should have current immunizations. Your local public health department will likely suggest the immunizations most relevant to the volunteers in your area.

One important issue is that training should be structured such that the minimum information is communicated to volunteers as quickly and efficiently as possible. Subsequently, it is a matter of prioritizing skill sets and methodically improving the overall skill profile of your volunteers.

Developing a training plan and training your volunteers is an ongoing, highly dynamic process, one that is never finished, yet always leaves your MRC unit stronger and better prepared. A training plan will combine individual volunteer motivation with requirements from your response partners. The MRC unit coordinator's responsibility is to facilitate this process and help everyone understand what is needed to best utilize your volunteers.

Training is an ongoing investment, as volunteer turnover is inevitable. However, by continually upgrading the capabilities of your MRC unit, you can systematically build the unit best suited to your community's needs.

Volunteer Safety Issues

The following contains some safety issues:

- Proper training in policies and procedures
- Personal protective equipment, where appropriate
- Physical exams to ensure appropriate fitness
- Current immunizations

Qualifications of Medical Reserve Corps Volunteers

Qualifications of MRC volunteers vary among communities. Generally, qualifications for volunteers are a combination of:

1. Adequate training (locally determined)
2. Credentials (state/federally determined)
3. Legal restrictions on practice (based on local/state liability and workers compensation regulations)
4. The scope of the volunteer's practice for the MRC (determined by the MRC's role in collaboration with response partners)

Each response partner may have different requirements or criteria for qualifications and different procedures for verifying credentials of paid staff and volunteers.

However, the term "qualified" is not defined the same among volunteers. Rather, qualification consists of specific activities or skills that volunteers can be asked to perform, and some indication of the types of situations or work settings for which they

will have clearance (The topic of including volunteer qualifications on identification cards is addressed more extensively in another publication in this series, “Establishing and Maintaining Your MRC Unit’s Organization.”)

All of these and many other needs would be addressed in the planning effort conducted with your MRC unit’s response partners, some of whom may be responsible for emergency and public health response in the community.

A Medical Reserve Corps Volunteer’s Qualifications Summary

The following items summarize an MRC volunteer’s qualifications:

1. Adequate training (locally determined)
2. Credentials (state/federally determined)
3. Legal restrictions on practice (based on local/state liability and workers compensation regulations)
4. Scope of the volunteer’s practice for the MRC (determined by MRC’s role in collaboration with response partners)

Spontaneous Unaffiliated Volunteers

Despite efforts to recruit, train, and prepare volunteers, spontaneous unaffiliated volunteers will appear during emergencies or times of community need. Spontaneous volunteers may be individuals who are unaware of the MRC or were not interested in volunteering before. Or, these may be individuals who are visiting from other states or communities. Regardless, it is important to plan for volunteer convergence with your response partners. You may wish to create a means of processing all spontaneous volunteers and channeling them to the appropriate volunteer opportunities where they can be best used. A local volunteer center or United Way organization may have existing plans for volunteer convergence in an emergency.

Ensure that medical professionals understand their skills may not be utilized if they do not affiliate with a volunteer group prior to an emergency (this may be important information for the public).

Once you have made initial contact with spontaneous volunteers, you may consider some to be potential recruits for a more planned involvement with your MRC in the future.

As appropriate, follow up, invite them in for an interview, and encourage them to be trained for the next time their skills can be utilized for the community.

Give your volunteers the training they need to be effective.

Help close the gap between existing capabilities and those required for MRC utilization.



Retaining Volunteers

When you consider the investment of time required to interview and screen a volunteer—let alone ensure he or she is properly trained—retaining this volunteer over time is desirable. A fully qualified Medical Reserve Corps (MRC) volunteer is an invaluable asset to your community and one you do not want to lose.

To retain volunteers, provide them with a quality volunteer experience:

1. Ensuring a positive first impression by treating the application and screening process efficiently and professionally.
2. Creating helpful and relevant course of required training, not just “busy work.” Offer optional training that enhances the volunteer’s experience and assists them with their current employment (if applicable).
3. Demonstrating professional accountability in terms of establishing and following policies that reduce the overall risk of harm for the volunteer and for others.
4. Ensuring volunteers feel that they are contributing their skills in a meaningful way. For some volunteers, this may mean that they only wish to serve in an emergency. For others, this may mean being involved in ongoing public health initiatives throughout the year (see below).
5. Providing for the emotional needs of volunteers after they have been utilized and give them the opportunity to participate in after-action activities. Show them the MRC’s commitment to caring for the well-being of the volunteers and that it seriously considers their feedback from the field.
6. Showing that the MRC leadership is functioning as an advocate with local, state, and Federal government to ensure proper legislation and guidelines for extending protections to volunteers engaged in activities that carry some known risk.

For more information, refer to the Technical Assistance Series publication *Special Topics: Volunteer Retention and Recognition*.

Serving a Satisfying Purpose

One of the most important ways to retain volunteers is to ensure their experiences provide personal satisfaction. A volunteer’s desire to give service can be stifled for lack of sufficient involvement with the MRC.

However, putting MRC volunteers to work can be difficult. They frequently will have to be trained for their more complex duties; they will not be immediately deployable in the field until their training is complete. When community situations or emergencies arise, activation of volunteers may consist primarily of standing by (i.e., awaiting the possibility of deployment but possibly not doing anything specific because local response efforts do not need supplemental backup from the MRC).

Emergencies that might actually require MRC support will likely be few and far between. This can contribute even more to a volunteer's sense that he or she is not really needed or not really part of something that brings personal satisfaction.

One of the many challenges faced by MRC units is how to keep their volunteers engaged when individuals need more frequent contact and more concrete evidence of utilization. Conversely, some individuals may feel adequately connected to the MRC with relatively little contact or utilization. These differences are important to consider and accommodate. Some volunteers could drop out because they feel overburdened or underutilized.

One goal of the MRC program is for MRC units to make contributions to their communities in between times of emergency utilization, again usually in conjunction with response partners. Doing so will also provide more frequent activities for volunteers who need a way to remain connected to their units between more intensive engagements. Many of us feel a greater allegiance to people with whom we have strong relationships. We make commitments as much to one another as to the organizations to which we belong.

Some of the options explored by MRC units involve using volunteers in ongoing public health education and outreach efforts. This could include public immunization programs in schools or underserved areas. Another possibility is the promotion of mental health and wellness. Other MRC units are attracting and retaining volunteers by offering training, free of charge, that also may be useful to practicing medical and public health professionals.

Involving volunteers in regular exercises with other response partners helps them stay in touch with the unit's mission and with its operating procedures. Other volunteers are engaged by training other volunteers. Some volunteers with medical and public health expertise are working with response partners to solicit resources in the community and to develop supply stockpiles and other resource needs to prepare for utilization. These volunteers may use their combination of professional expertise and leadership skills to work on behalf of the MRC at the local, state, and Federal levels.

Establishing the MRC and sustaining its growth as a national movement requires much work. Your volunteers may have additional skill sets and work experiences that can be utilized in an ongoing way to support the MRC's overall growth.

Community Practices

MRC units are using their volunteers to improve access to health care for the uninsured and underinsured residents of their areas.

Some examples include:

- Reno's Diabetes Screening Project
- Escambia County's Heart Healthy Firefighters Project

Additional Volunteer Activities

Some additional volunteer activities could include:

- Conducting public health education and awareness campaigns, including organ donation
- Delivering immunizations and outreach to underserved communities
- Supporting mental health and other wellness activities
- Offering free professional training to enlisted volunteers
- Conducting exercises with response partners regularly
- Training other volunteers
- Working with response partners to solicit community resources (funds, equipment, supplies, etc.)
- Working with response partners to establish needed supply stockpiles and other emergency resources
- Using professional expertise, leadership skills, and community standing to petition government and other community leaders on behalf of the MRC

Post-Response Activities

After any utilization of volunteers in an emergency situation, there may be an impulse to return to normal as quickly as possible. However, there are two areas in which the MRC's leadership should focus its energies, which are to:

1. **Document volunteer utilization.** For more information on how to collect utilization information, see the *Establishing and Maintaining Your MRC Unit's Organization* section of the Technical Assistance Series. The purpose is to solicit feedback from volunteers about their participation in the response. It will be important to determine whether procedures worked as well as anticipated and whether there were unexpected occurrences that might affect or possibly help future planning efforts. You will want to maintain your activation procedures and remain in touch with your volunteers' experiences.

While you are soliciting this important information—and communicating a willingness to receive feedback from volunteers, which can support retention—you also are encouraging other aspects of the experience.

2. **Secure volunteers' emotional, mental, and physical well-being.** If a volunteer is impaired as a consequence of his or her MRC activities—which may be post-traumatic symptoms or simply as a decrease in baseline functioning—it always is appropriate to make a referral for more in-depth counseling or other psychiatric support. There are many resources available to help you plan for this aspect of post-response activities (e.g., the Centers for Disease Control and Prevention's

First Responder Stress). If possible, you should build a mental health component into your unit or partner with a local agency that provides mental health services.

Recognition and Appreciation

Volunteer efforts need to be recognized and celebrated, but how you conduct these vary based on the personalities of the individuals in your MRC unit. Some will need more frequent acknowledgement that their contributions make a difference. Others will need explicit recognition even when they find the work satisfying. Some volunteers will not respond well to public recognition, yet they may appreciate recognition of the group to which they belong. Regardless, every effort to achieve public recognition for the work your MRC volunteers have done always is a way to give them additional thanks. Volunteer recognition can range from purely informal contact with volunteers, one-on-one or in groups, where genuine appreciation and interest are expressed. Conversely, more formal recognition ceremonies can feature awards and public statements. You will need to choose the combination of volunteer recognition activities that responds best to the needs of your MRC team members. Examples of recognition activities used by MRC units include:

- Daily Points of Light Awards
- Resolutions made by elected officials
- Press briefings
- Newspaper articles or advertisements
- Recognition through community awards programs (e.g., those sponsored by local media outlets)

Advocating for Volunteers

Finally, volunteers will likely increase their commitment to the MRC in direct proportion to the level of commitment they see demonstrated by the MRC leadership.

One measure of this commitment is the willingness to be proactive in your community, county, or state with regard to maximizing legal and disability protection for volunteers who are taking on considerable risk in giving their time and expertise to the community. Taking your volunteers' cause to the public forum not only will result in providing them with better working conditions; it also is a concrete sign of your concern for their well-being.

As the MRC develops and establishes a presence in your community, other advocacy issues may arise and should be pursued for the benefit of your organization. Often, volunteers may be interested in taking on an advocacy role. This is a great role for volunteers, provided they are given direction and understand how to appropriately represent the MRC unit and its activities. This is another area where the core messages you developed can be helpful.

Action Steps Checklist

The checklist of possible action steps below follows the basic outline of this particular technical assistance topic. It is important to remember that these are only suggestions. They serve as a quick reference guide to stimulate your thoughts of the complexities you may face in your Medical Reserve Corps (MRC) unit. You may choose to follow a different approach. If so, the MRC Program Office welcomes your best practices.

Introduction

Recognize your volunteers as the MRC's most critical resource. Keep them always in mind and heart as you plan for your MRC's future.

Planning Your Approach

- ☐ Identify a clear, compelling vision of your MRC's role in the community
 - With the overall picture in mind, develop the basic structure of your program before you begin recruiting volunteers.

Optimizing the Volunteer's Experience

- ☐ Consider the volunteer's entire experience—from first contact to retiring from service with the MRC.
 - What can you do to make every step as positive as possible for that volunteer?
 - At what points along the way will you need help?

Recruiting Volunteers

- ☐ Develop your core message—a clear and concise description of the unit and its role in the community that you can use to build your public relations and recruiting tools
- ☐ Get the word out—and keep it out there—any way you can.
- ☐ Be patient and persistent—a potential volunteer may need to hear your message multiple times before they will act on it.

Who Can Volunteer for the Medical Reserve Corps?

- ☐ Consider the type of work your MRC will be performing. What types of volunteers will you need to accomplish it?
- ☐ Consider the makeup of medical and public health professionals in your community. How can you maximize these resources?
- ☐ Examine the diverse communities in your local area. Consider recruiting volunteers from these communities to strengthen your MRC's connections and effectiveness.

- ☐ When a prospective volunteer asks you, “Why should I volunteer?” have some prepared answers.

Advertising: Public Awareness and Public Relations

- ☐ Remember, each public communication on behalf of your MRC is always an opportunity to attract future volunteers.
- ☐ Find local media willing to give free air time or advertisement space. Build relationships with people at these media outlets.
- ☐ Ask local businesses and organizations to sponsor your message.
- ☐ Give talks everywhere you can: local conferences, professional meetings, organizational gatherings, etc.
- ☐ Establish ties with local elected officials. Ask them to mention the MRC in their speeches and other public appearances.
- ☐ Sell your message to recognized leaders of the volunteer groups you would like to target.
- ☐ Diversify your message to reach different groups.
- ☐ Brainstorm strategies for recruitment with everyone who might help. There are hundreds of good ideas out there. You will have some to offer others, too.

Screening Prospective Volunteers

- ☐ Establish and maintain clear and honest communication with each volunteer, from start to finish.
- ☐ Identify a procedure and standards for screening volunteers, and apply them consistently.

The Screening Process

- ☐ Develop an application form that is easy to complete and that gathers all the information you need.
 - Find out how other MRC units are screening volunteers.
 - Seek information your response partners would want to have to utilize your volunteers.
 - Develop your database and application together to streamline data collection.
- ☐ Check the application with the prospective volunteer to verify that the information is clear and complete. It is easier to verify now than it will be later.
- ☐ Explore your prospective volunteer’s interest. Do not assume, based on the person’s background, that you know which activities he or she wants to participate in with the MRC.

- ☐ Determine what your prospective volunteer values and considers important. A volunteer's sense of purpose is an important resource for the MRC.
- ☐ Determine a prospect's availability.
 - Different people will have different amounts of time to give. Some may not be available year-round. Others may need to be utilized throughout the year to remain engaged with the MRC.
- ☐ Determine if your volunteer has other obligations that might conflict with serving the MRC.

Screening Applicants

- ☐ Consider—ahead of time—which criteria are necessary for a potential MRC volunteer and the criteria used to screen an applicant.
 - Ask for help from others in determining these criteria.
- ☐ Inform applicants if a current physical exam is part of the screening criteria. Inform them how often it will need to be updated.
- ☐ Consider whether you will be conducting a background check for a history of criminal behavior or of professional malpractice. Obtain information you need from the applicant.
 - Find local partners, such as police departments, who can help conduct such checks inexpensively and thoroughly.
- ☐ Seek assistance from professionals in other volunteer organizations or in the human resources departments of local organizations if you have doubts about an applicant or about your assessment of that applicant.
- ☐ Be prepared to turn away volunteers who will not be appropriate for the MRC.
- ☐ Offer referrals to other volunteer opportunities in your community if a volunteer is not a proper fit for your MRC.
- ☐ Maintain contact with a volunteer if he or she is not a proper fit at the time, but might be in the future.

Informing Applicants of Risks and Responsibilities

- ☐ Inform your prospective volunteer of how much time and effort will be expected and his or her likely duties.
- ☐ Inform applicants of any dangers associated with their MRC volunteer work, particularly as these relate to legal liability (if someone is harmed by the volunteer) and to the risks associated with disability for the volunteer.
- ☐ Explain any legal or workers' compensation protections that may or may not be available to cover individuals while volunteering for the MRC clearly and thoroughly.

- ☐ Remember that screening and interviewing is a two-way process that is important as much to the volunteer as to the MRC. Ensure the prospect has all the information he or she may need to make an informed decision.

Verifying an Applicant's Credentials and References

- ☐ Work with your local response partners and state agencies to determine the best, most thorough way of verifying credentials—there may be a method available to you that will permit you to utilize volunteers more effectively.
- ☐ Follow up with both personal and professional references for your prospective volunteer. Note where your impressions coincide with or diverge from the feedback you receive.
- ☐ Collect copies of all necessary documentation (e.g., current licenses, certifications, degrees, etc.) that pertain to the applicant's potential future work for the MRC.

Training Volunteers

- ☐ Develop a complete list of qualifications required for each type of volunteer activity. Solicit input from response partners, professional organizations, and legal experts.
- ☐ Give your volunteers the training they need to be effective. Help close the gap between existing capabilities and those required for MRC utilization.
 - Create an appropriate orientation for new volunteers that communicates the basic information necessary to their participation.
 - Recommend the MRC Core Competencies.
 - Determine the particular activities each volunteer will be performing. Tailor that volunteer's training plan based on these activities and on the volunteer's existing skills.
 - Standardize training for all volunteers to the extent possible, but do not let the appeal of standardization interfere with the necessities of specialized or customized training.
 - Design your training curriculum based on local needs for utilization.
 - Seek local training resources. Your response partners may have access to such resources and may be willing and able to include your MRC volunteers at little or no additional cost.
 - Consider having more experienced and committed volunteers offer training to new volunteer recruits to increase volunteer retention.

Exercising With Response Partners

- ☐ Determine how your MRC volunteers can participate in table-top exercises, full-scale exercises, and other practice experiences with local response partners.

- ☐ Encourage MRC volunteers role-play their eventual duties when possible.
 - Offer to role-play emergency victims or health clients so medical and health volunteers can offer important feedback to other responders.
- ☐ Follow exercises with an analysis of the unit's performance and additional training as needed.

Promoting Volunteer Safety

- ☐ Include a thorough understanding of your MRC's policies and procedures in volunteer training. This is critical to reducing the risk of harm and possible liability.
- ☐ Require volunteers to undergo periodic physical exams as appropriate to their MRC duties.
- ☐ Verify that volunteers have current immunizations, particularly when working in public health settings or assignments.
- ☐ Maintain easily accessible records once a volunteer has completed all required training.
- ☐ Develop procedures with your response partners so that your volunteer's qualifications (training, required credentialing, legal restrictions on practice, scope of volunteer's duties, etc.) can be checked and verified for efficient planning and utilization during an emergency or other public health response situation.

Spontaneous Volunteers and Volunteer Convergence

- ☐ Develop a plan for using spontaneous volunteers who will "converge" on the scene of an emergency or other response situation.
- ☐ Clarify which duties spontaneous volunteers can perform and those that fall outside the scope of your MRC or outside the limits of local legal protections.
- ☐ Remember that contact with spontaneous volunteers is a possible first step toward recruitment and more thorough training for the next time they might be needed.

Retaining Volunteers

- ☐ Secure your volunteers' welfare, as they represent a considerable investment of time and effort.
- ☐ Seek to provide for the volunteers' basic motivations:
 - Achievement
 - Affiliation

- Recognition
- Power/leadership

Serving a Satisfying Purpose

- ☐ Utilize your volunteers in a manner that brings them satisfaction.
- ☐ Remember that satisfaction will differ from person to person. Do not over- or underutilize individual volunteers. Determine what amount of involvement is right for them.
- ☐ Consider involving the volunteers who need to remain busy in some of the many public health-related activities to benefit your community.

Post-Response Activities

- ☐ Solicit feedback from volunteers after utilization.
- ☐ Work with your community partners to develop ways of providing for the emotional, physical, and spiritual well-being of your volunteers after a response.
 - Respect individual needs for privacy; do not force emotional disclosure. Show your willingness to listen to your volunteers, and they will decide how much they want to share.
 - As appropriate, refer volunteers for additional emotional support.

Recognition and Appreciation

- ☐ Recognize and celebrate all volunteer efforts, but how you do it may vary.
- ☐ Learn your volunteers' particular needs for recognition and appreciation. You will develop a combination of these recognition activities that meet the unit's needs.

Advocating for Volunteers

- ☐ Take a proactive stance in your community on behalf of your volunteers. It can be one of the most powerful signs of your commitment to their welfare.
- ☐ Give volunteers the tools they need to effectively advocate for the MRC.